

**Report to the Montana Legislature**  
**Required Out-of-State Placement and Monitoring Report**  
**July 1, 2011 through June 30, 2012**  
**Submitted August 20, 2012**

(No. 4)

As defined in MCA 52-2-301(3), it is the policy of the state of Montana “to serve high-risk children with multiagency service needs within their home, community, region, and state, whenever possible, and to use out-of-state providers as a last resort.” The Department of Public Health and Human Services is required to report biannually to the Children, Families, Health, and Human Services Interim Committee concerning the information it has collected about out-of-state placements and the results of efforts to reduce out-of-state placements (MCA 52-2-311). *Reporting does not include out-of-state placements by Tribal Governments.*

**This report includes information collected for SFY 2012 only.**

**Funding for Youth in Out-of-State Placement between 7/1/11 and 06/30/12**  
**Includes both Residential Treatment Facilities (PRTF) and Therapeutic Group Home (TGH)**

Source of Funding for Placement	Medicaid Only	Medicaid plus at least one other state agency	State General Fund only	Total
Unduplicated number of youth in out-of-state PRTFs or TGH	63	45	16	124

- Information about youth in out-of-state acute psychiatric hospitals has been omitted. These admissions are generally brief, and are either in border hospitals or in a hospital near an out-of-state PRTF.
- For purposes of reference, the total number of youth in an out-of-state placement during the three previous state fiscal years was:

SFY 2009 (12 months) = 126  
SFY 2010 (12 months) = 109  
SFY 2011 (12 months) = 110



**Placement Decisions for Youth admitted to Out-of-State Placements: 7/1/11 to 06/30/12**

124 youth were in out-of-state placements during the past twelve months.

Child and Family Services (CFS) Placements	Youth shared by CFS and DOC	Juvenile Probation Placements (JP)	Dept of Corrections Placements	Not placed by a state agency but by legal guardian
29	1	28	4	63

State agencies use Medicaid funding for out-of-state placements whenever possible. However, sometimes a youth needing services or treatment out-of-state is not Medicaid eligible or needs services not funded by Medicaid. Therefore, circumstances which may cause a state agency to place a youth out-of-state using general fund include: the youth is not Medicaid eligible, Medicaid does not fund treatment for youth who do not have Serious Emotional Disturbance (SED), the services needed by the youth are not considered medical and are not funded by Medicaid, the youth's treatment does not meet the state's medical necessity criteria, or the facility is not enrolled in Montana Medicaid or eligible for funding from Montana Medicaid.

**New Medicaid Funded PRTF Admissions: 7/1/11 to 06/30/12**

58 youth funded by Medicaid were admitted to an out-of-state PRTF during SFY 2012.

Administrative rule requires a youth be denied admission by all three in-state PRTFs prior to going to an out-of-state PRTF. Beginning July 1, 2011 a fourth denial is required by the PRTF Waiver Program for youth living in counties the Waiver serves.

Below are the reasons given by in-state PRTFs, and the PRTF Wavier program, when applicable, for not admitting the youth. Multiple reasons can be given for each youth, but at least one reason for each denial must be listed.

Rank order of reasons Medicaid funded youth were not admitted to in-state PRTF:

1.	Severe violence/physical aggression. Facility can't assure safety.	45
2.	History of multiple PRTF placements without response to treatment.	28
3.	Does not fit into current milieu.	24
4.	Developmentally disabled or IQ/neuro-psych deficits. Too impaired to benefit from treatment offered.	18
5.	Medical condition requiring specialized services beyond the capacity of facility.	13
6.	Youth/family unable to participate in PRTF Waiver Program.	12
7.	Severe suicide risk based on multiple attempts over recent six month period.	8
8.	Age inappropriate (too young or too old).	8
9.	One or only presenting problem is sexually reactive or sex offending behavior.	8
10.	Disregard for limit setting by staff, requiring 1:1 staff more that 75% of time.	6



11. Lack of bed availability.	6
12. Primary presenting problem is chemical dependency. No prior substance abuse treatment and inpatient CD treatment is indicated.	6
13. Established pattern of antisocial behavior with no documented response to treatment.	5
14. Minimal response to psychotropic medications in reduction of severe psychiatric symptoms.	2
15. Too acute for facility.	2
16. Fire setting behavior.	2
17. Legal guardian moving out of state.	1
18. Conduct disorder noted during previous placement at this facility.	1
19. Specific symptoms/diagnosis that is not responding to medical or psychological treatment.	1
20. Needs both psychiatric and CD treatment which are not offered at this facility.	1

**Source of referral to out of state placement:**

Hospital	Community Provider	Correctional Facility	PRTF	Juvenile Probation
70%	11%	9%	5%	5%

**Legal custodian for youth admitted to out of state placements:**

Bio Parent	CFSD	Adoptive Parent	Relative	Tribe	Dept of Corrections
31	11	6	6	2	2

**Medicaid Admissions to Out-of-State Therapeutic Group Home (TGH)  
7/1/11 to 06/30/12**

36 youth funded by Medicaid were admitted to Normative Services, Inc. in Wyoming during this period.

**Efforts the Department has initiated to Avoid Out-of-State Placements**

Children's Mental Health Bureau has initiated a variety of efforts to control, and where possible, reduce out-of-state placements in PRTF and TGH. The following activities have been in place or initiated during the past twelve months.

1. Hospitals remain the primary referrer to out of state placement. The CMHB will encourage psychiatric hospitals that serve youth to post information about specialized



treatment needs of youth headed out of state on a secure website to allow in-state qualified providers to offer alternative plans to serve them.

2. CMHB is increasing the state's capacity to use wraparound facilitation in community based settings as an alternative to facility based treatment by offering wraparound facilitator and coach training regularly. Before a youth is eligible for out-of-state placement in a PRTF, as of 7/1/11 a denial from the PRTF waiver program is required for youth living in waiver sites, along with a denial from all 3 in-state PRTFs. The PRTF Waiver offers intensive in-home services and wraparound facilitation in addition to all of the other state plan services. Youth who live in any of the 5 sites (13 counties) covered by this program (Billings, Missoula, Helena, Great Falls and Kalispell) have this option.
3. Beginning October 1, 2012 the department will offer the same intensive in-home services and wraparound facilitation to eligible youth on a statewide, not limited to the five waiver sites. Youth who meet criteria for PRTF are automatically eligible for this statewide program that will be called "Montanaihome" (1915i state plan amendment). Youth returning to Montana from out of state PRTF services are also automatically eligible.
4. By September 1, 2012 CMHB will file rules to implement the requirements of HB 565. A designated pool of qualified in-state community providers will be invited to offer an alternative treatment plan before an out-of-state admission is authorized. Qualified provider will also be invited to submit a plan for youth in out of state placements who are transitioning back to Montana.
5. The Children's Mental Health Bureau has completed a survey of all Therapeutic Group Homes enrolled in Montana Medicaid to be published by September 1, 2012. The survey report will list the specialty care each facility provides and how it is provided. This report is a companion report to the survey of in-state and out-of-state PRTFs published in September 2011. Survey results have been sent to community providers, hospitals and state agencies who place youth to assist them in finding appropriate in-state placements when possible and to guide appropriate out-of-state placements when in-state placements are unavailable. Survey results are available on the CMHB website and will be updated regularly.
6. Medicaid enrollment of new out-of-state PRTF providers remains suspended. Unless a youth needs specialty care not provided by any enrolled in-state, or there is no enrolled in-state provider who will accept the youth, new out-of-state PRTFs will NOT be enrolled in Montana Medicaid.
7. In early 2013 CMHB will adopt rules to require all PRTFs, both in-state and out-of-state, to begin using a common functional assessment tool at admission, at discharge, and at specified times during the stay, to provide data points that can be linked to improved youth and family functioning. The Department has chosen the Child and Adolescent



Needs and Strengths Assessment (CANS). This data will help the CMHB differentiate and determine which PRTF providers can demonstrate consistent improved functioning as a result of treatment.

H:\cmh\cmhb\reports\legislature\SFY 2012